

**PROCEEDINGS OF THE AD HOC**  
**MENTAL HEALTH TREATMENT COMMITTEE**

Pursuant to Section 19.84, Wis. Stats., notice is hereby given to the public that an Ad Hoc Committee of the County Board of Supervisors met regarding mental health treatment on Tuesday, October 3, 2017 in Conference Room A, Sophie Beaumont Building, 111 N. Jefferson Street, Green Bay, Wisconsin.

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**Present:** Chair Guy Zima, Vice Chair Erik Hoyer, Citizen Representative Pat La Violette, Judge Zuidmulder, Deputy Executive Jeff Flynt, Sheriff John Gossage, Security Lieutenant Scott Brisbane, JOSHUA Representative Cheryl Weber, Director of Administration Chad Weininger, Health and Human Services Director Erik Pritzl, Behavioral Health Manager Ian Agar, Hospital Administrator Luke Schubert, District Attorney David Lasee; other interested parties.

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**I. Call meeting to order.**

The meeting was called to order by Chair Zima at 12:03 pm.

**II. Approve/modify agenda.**

**Motion made by Judge Zuidmulder, seconded by Erik Hoyer to approve. Vote taken. MOTION CARRIED UNANIMOUSLY**

**III. Approve/Modify Minutes of September 20, 2017.**

**Motion made by Judge Zuidmulder, seconded by Erik Hoyer to approve. Vote taken. MOTION CARRIED UNANIMOUSLY**

**1. Communication from Chair Zima and Judge Zuidmulder re: Have staff provide a breakdown and explanation of the expenditures made from the \$1.15 million dollars allocated for mental health services during the County budget process for 2016 and 2017.**

Health and Human Services Director Erik Pritzl presented a chart of the 2017 projected spending, a copy of which is attached. The total spent through August for each initiative area is listed along with a projection to the end of the year which is based on an average of the first eight months of the year. Pritzl said there could be some variability in the numbers so these are just averages. The difference is shown in the last column because people showed interest in those numbers at the last meeting.

Zima asked if the \$1.15 million dollars has been budgeted for 2018. Both Director of Administration Chad Weininger and Pritzl responded that the \$1.15 million dollars is included in the budget. Pritzl said the same categories have the same dollar amounts for 2018. Zima indicated this committee has been anxious about putting forth some ideas and initiatives for the County Board and asked if the shortfall of what was spent in 2017 will be carried over. Weininger explained there are really two pieces to this. One is the annual appropriation of the \$1.15 million dollars which is still there but could change in the future depending if there is more demand or less, but that would be up to the County Board. The second piece is the funds that were not used. Weininger said those funds do not lapse into the general fund; they stay within the Human Services fund and are available to be used by Human Services. Vice Chair Hoyer noted that at the end of the year there will be a deficit and Weininger said if there is a deficit, this will be a wash. Pritzl summarized that if there is a surplus it goes to the Human Services fund balance and if there is a deficit it is covered. Weininger said the important point is that it will not go into the general fund and he reiterated the County Board still has the ability to earmark general fund dollars.

Zima recalled about a year ago we were talking about \$400,000 for transitional housing and now Weininger is indicating there is \$65,000 in the budget for 2018 for this. Judge Zuidmulder said he asked for the year-to-date numbers because it should be self-evident that the County Board is never going to approve more money if it is a matter of fact that the appropriation they gave to do a job is not spent. He feels it is imperative that we run the number to as close to zero as we can. The numbers presented tell him there is 33% of the money left to spend in the remaining quarter of the year. That tells him there should be 8 – 10% leftover, which would be roughly \$100,000 - \$150,000.

Hoyer noted this committee asked Pritzl to come up with some ideas for the last quarter as well as looking ahead. Judge Zuidmulder said whatever those ideas are; they should be in the range of \$100,000. He does not want to deliberately overspend, but he would like to see what was appropriated used up.

Pritzl said the numbers he provided is what is projected for 2017, but there is a possibility the numbers could be under estimated because there could be utilization increasing over time. He agreed about underspending, and one of the challenges they have is that this is looking at one piece of the overall Human Services budget in isolation. Inpatient stays for mental health related issues for the first part of the year were higher than expected and there was higher utilization of Winnebago which drove some costs up. When you start looking at these all together, it starts to look a little different and Pritzl feels it is important to be cognizant of this. Judge Zuidmulder said the reality is that there would not be any of these dollars if a group of us did not go in front of the County Board and ask for the money. He noted this is not part of the Human Services general operating budget. It did not exist until this initiative was created and the County Board put the money there. The money was put into the budget for specific initiatives, not for general operating expenses for other areas. Judge Zuidmulder feels the political support that got the money is also entitled to have an expectation to have the money used in an innovative useful way in the mental health area. He comes back to the question of the \$100,000 - \$150,000 and feels we need to have conversations about things that could be done between now and the end of the year to use that amount of money.

Pritzl prepared a list of possible options for 2017, a copy of which is attached. He noted the options have a projected cost of \$418,800 which may be somewhat over estimated. Zima said this committee has been frustrated because the County Board put their weight into this with a 22 to 4 vote to follow these initiatives and develop the programming and now we are in year two and are still not living up to what has been given to us. He noted the 2018 budget is already put together but he wants to look at anything that could be ramped up right now to improve the goals we wanted. He is frustrated with staff but thanked Weininger for attending this meeting and said he was happy he was here.

Pritzl outlined the options for 2017 as follows:

-Adjustment for Utilization – Pritzl put \$50,000 there to address the concept that certain expenses may not have been caught by the end of August, so this builds in a little cushion so if expenses were underestimated, this amount will cover some of that.

-Medication Assistance Treatment Program – This would be funding for Vivatrol injections and would include monthly drug testing and pregnancy testing which is required for females. Vivatrol is a medication used for substance abuse issues. This would utilize existing prescriber and staff. The estimated amount for 2017 is \$68,000.

-Advertising on Buses – Pritzl said this would be a type of outreach. A PSA produced by NEWEYE is not going to move forward so Pritzl looked for other options. Human Services has used advertising on buses for other areas of programming and it has been very successful in getting people to come and apply for assistance. Pritzl estimated the cost of this to be \$6,000.

-Billboards – This is something that has been talked about in the past and Pritzl estimated the price of \$10,000 based on billboard space that has been donated in the past.

-Additional Detox (LE Phillips) – This would be for people that need to access LE Phillips in Chippewa Falls. Currently there are not a lot of people that use that, but if we do some advertising and that increases, dollars could be allocated for that option. Pritzl estimated this to be \$28,800 for the remainder of 2017. Zima asked if the County's contract is currently at capacity. Behavioral Health Manager Ian Agar explained that at this time LE Phillips in the only facility in the state that can provide for detox needs for substances other than alcohol.

-Transportation Assistance – This would be a safe ride program to get people to safe places as well as for intoxicated individuals or people in crisis. The amount Pritzl estimated for this for the remainder of 2017 is \$4,000.

-Housing Assistance for Treatment Courts – This is something that is in the budget for next year, but he included \$20,000 in here to start early.

-Website Re-Design – Pritzl noted the current website does not always effectively steer people to or engage people in what they are looking for. The website could be redesigned as another engagement piece, just like billboards and buses. Pritzl estimated \$25,000 for this.

-Design for Crisis Assessment Center – Pritzl said we could do some of the design work right now for the crisis assessment center that is being discussed under the sales tax capital improvement fund. He did not necessarily think the actual project could be moved up, but doing the design work now would save some money down the road and Pritzl put \$57,000 as an option for that.

-Higher Utilization of Inpatient Services – This refers to money that would be used for mental health inpatient stays that may occur at a higher than expected rate. Human Services gets charged back internally from the CTC as well as paying for community stays at other facilities. Pritzl estimated \$150,000 for this and noted this would be making a conscious decision of making sure those dollars are recognized as use for in-patient stays. Zima asked about the current census and Pritzl responded that currently the census is okay within Brown County. This would be for when someone has to go to Bellin, our facility or Willow Creek.

Zima asked how much has been spent on sending people to Winnebago County this year. Pritzl said utilization of Winnebago County was a little higher than normal in the beginning of the year. Zima recalled one of the purposes of this group was to get more beds here to try to avoid sending people to Winnebago. Pritzl said overall the total numbers were up in the beginning of the year but there is not a whole lot of difference in overall percentage. They are finding people are having more contact with law enforcement as well as presenting voluntarily. In the first part of the year they struggled with capacity, but capacity has increased and this is not now a problem and utilization of Winnebago has decreased.

Judge Zuidmulder talked about the medication assistance treatment program Pritzl spoke about earlier and said injectable medications are highly preferred because there is no guarantee that someone will take a pill as they are supposed to but with injectables we know the medication has been given. He asked if this could be made more general to include more than just Vivitrol to the extent that patients who are taking pills could be switched over to an injectable if available. Judge Zuidmulder continued that medication monitoring is a great big problem because hiring someone to do the monitoring is very expensive. His opinion is that the best alternative to spending these dollars is getting people onto injectables when there is an injectable available. Agar explained that Vivatrol is utilized with patients who have an opiate addiction or an alcohol addiction. It blocks the receptors in the body and prevents them from getting a high from opiates or alcohol. It is intended to remove the reward people get by using alcohol or an opiate. He continued that people are very carefully counseled when they take Vivitrol because they have to understand they can kill themselves if they take large amounts of opiates or alcohol to feel something because no matter how hard they try to feel the reward, they will not succeed.

Zima asked if there are other drugs for mental illness that are available in injectable form. Agar responded that there are but not every single medication comes in an injectable form. He also said the availability of money to cover the injectables is something that would have to be considered. Judge Zuidmulder feels this should be broadened to include all appropriate injectables on a case by case basis so there is not a financial obstacle.

Hoyer asked where the medications come from. It was said the medication comes from the CTC and the injectables would be given there. Judge Zuidmulder said he has people in the Mental Health Court who prefer to screw around with their pills so this would allow him to order them to go to the CTC as part of their Mental Health Court requirements to get injectables. Hospital Administrator Luke Schubert said they would have to work with a number of pharmacies to get the best price for these injectables. JOSHUA Representative Cheryl Weber asked if someone has to agree to being injected and Judge Zuidmulder said he can order it as part of being in the Mental Health Court. Pritzl said people in the treatment courts agree to certain conditions and they would essentially be giving up their right to refuse. Technically, without treatment court intervention, an injectable cannot be ordered unless it is a Chapter 51 situation.

Weber said she liked the idea of starting the design for the crisis assessment center because it would be an indicator that we are agreeing to that and moving forward with it in the capital plan. Zima asked if the amount allocated of \$57,000 is sufficient and Pritzl said that is the amount that was included in the capital plan. Pritzl said doing the design now will help dictate how the project moves forward.

With regard to the website redesign, Hoyer feels it is important to be sure that everything is available by phone, because not everyone has a computer, but almost everyone has a phone.

Pritzl said the assessment center and the expansion of the nursing home for the people that are at Trempealeau are the two projects that are in the capital plan. Moving costs for the design of the assessment center would not move the construction of the project up. Weininger said the goal was to give this committee some time to figure out what the best use would be. Pritzl feels a lot of people are excited by the idea of an assessment center at the CTC and noted that that will require a lot of physical design plus a lot of program design and doing the design work now would just get us started on that path earlier. Weininger said the amount they have projected for the sales tax was pretty conservative and they will not know where they will be until the January or February timeframe. He said the 2018 numbers will provide a benchmark of where they will be and also noted they will be cash flowing projects. The jail project has to be done as well as the Medical Examiner's office and a lot of other projects which will make it very difficult to bump any projects up, unless the money comes in really, really good. Weininger said the CIP is outlined in the 2018 budget but noted that the Board makes the final decisions.

Judge Zuidmulder feels since we have the money, we should go ahead with the design because it is going to be something that is valuable and something that will have to be done at some point anyway. Weininger asked for an explanation of what Pritzl was referring to in the design phase. Pritzl said the design would determine what we need to add to do what we need it to do. He will also have to work with Facilities on this. Weininger said it is not going to work to do the architecture work now and then wait a few years to do the work. Judge Zuidmulder said he thought this was more to look at what it would be, who it is aimed to serve, how many people we would need to have, etc. He did not understand this to be a bricks a mortar thing, but more looking at how these types of facilities are operated and how we can adapt it to Brown County and what we would need to do. He thought this was going to provide a thoughtful look at the public presentation that explains why this is something we need in our community. Pritzl said it sounds like what Judge Zuidmulder is referring to is more of a consulting thing. Judge Zuidmulder said he is talking more about a system design and not having staff reinvent the wheel, but rather to go visit other similar facilities in other locations to see their operations and how those things could be adapted in Green Bay. He continued that in the end, all of this has to be explained to the public and if they want to do it, the money will be made available to build the bricks, but we cannot ask for the money for the bricks unless an explanation is given to the public of what the project is and why we need it.

Weber asked if the model Pritzl is talking about is the Dane County one stop shop model that was discussed at earlier meetings. Pritzl said he looked at an Orlando, Florida model, but that model would require some legal pieces that would have to be adjusted to make that model work here. He will also be looking at a Milwaukee model this is not exactly the same, but he wants to see what they are doing there since it would fit Wisconsin law. Weber also asked about the crisis coordinator position and the additional mental health nurse at the jail that we talked about at the previous meeting. Pritzl responded that the crisis coordinator position is included in the 2018 budget and Sheriff John Gossage said the additional mental health nurse is in his budget. Weber did not think we should pay for design work at this time if we are not sure that a one stop show model is going to be passed. Pritzl said they could go look at other facilities to see how they work if they had sufficient funds to do so. Zima feels it would be a good idea for staff to go look at other facilities to see how they work and talk with people and then come back and decide what model will work best or combine a few models and then put something forward. Pritzl noted including staff from other departments, such as the Sheriff's Department, would also be helpful. La Violette also feels we should get going on this. Pritzl said he would reduce the \$57,000 down somewhat because he does not think that much would be needed.

Hoyer asked how to move forward with these options from a procedural standpoint. Weininger recalled that when the mental health money was appropriated, it was indicated that changes to the use of any of the funds would go back to the County Board for approval to be sure that the funds are being used appropriately. In essence, after recommendations are made, they should go to Human Services Committee and then on the full Board. A determination will then be made by administration whether budget adjustments need to be done. Hoyer noted the Human Services budget meeting is scheduled for October 10.

**Motion made by Judge Zuidmulder, seconded by Cheryl Weber to move forward with the Medical Assistance Treatment Program providing it is inclusive of not only Vivitrol but *all* other injectables available for mental health purposes. Vote taken. MOTION CARRIED UNANIMOUSLY**

**Motion made by David Lasee, seconded by Erik Hoyer to approve all of the concepts presented provided they not exceed the total. Vote taken. MOTION CARRIED UNANIMOUSLY**

Pritzl moved on to discussing options to 2018. He noted that while 2017 has a lot of one-time expenses, what he is presenting for 2018 are concepts for vetting, review or modification. None of these things for 2018 are set in stone at this time.

**-Mobile Crisis** - This is an existing service that is being kept at the same level.

**-Day Report Center** - This is also an existing service that has been left at the save level.

**-Residential Treatment** – This appropriation has been dropped down to \$150,000. Pritzl said they have not seen they utilization that was expected and he is comfortable dropping this number down based on 2017 figures.

**-Detoxification Services** – Pritzl informed more money has been moved to detoxification services to go not only with medically managed in a hospital setting, but also to look at expanding to medically monitored using a model that is operating at a lower level such as a CBRF. He believes there are people going through the emergency detention process that have co-occurring issues of substance abuse and mental health and they are going to the CTC, but they could be going to a different facility for detox and treatment readiness.

Zima asked for further explanation of the \$500,000 for detoxification services. Pritzl explained that this is taking the 2017 amount of \$300,000 and adding money to it. The hospital amount would actually decrease and Pritzl explained there are a lot of people that are not incapacitated or do not need a hospital level of care but could go to a lower level service if we have it. Pritzl said there are two options for the placement of this. One option would be placing this at the CTC. Pritzl said he has talked to the contractor on this and they are looking at expanding so the second option would be that the contractor would have to find a facility to use in Brown County. Zima asked if there would be any capital expenditures associated with this if we do it at the CTC. Pritzl said there would be some expenditure, but noted that the CBRF is already set up. Zima asked about capacity and Pritzl said they would have to switch from what they are currently doing and be sure to use diversion to its full capacity.

Zima asked if there will be anything done to improve diversion and noted that there is quite a big difference in the quality of atmosphere between diversion and Bay Haven. Zima said that diversion is not up to date in a lot of ways. Pritzl said it is a nonprofit run by Innovative Services and asked Zima what type of improvements he would like to see. Zima responded that Bay Haven has a much more desirable atmosphere than diversion.

Zima asked if the drug abuse and detox would be done under this model. Pritzl said he is looking at doing something similar to the Tellurian model in Dane County. He explained there are two parts to the facility. The first part is a hold facility that is locked and secured. Law enforcement brings people there and drops them off. If there is a medical issue they send people out but typically they have a very low medical clearance threshold and tend to take people more quickly. The initial hold occurs in the locked part of the facility and then they transition people to the treatment readiness side of the facility which is unsecured. People are assessed and screened there and then the next level of treatment is determined. When the person is stable and can make decisions and give good information and participate in a treatment planning meeting, the treatment is decided and then they work with the County to see if there is funding and something lined up where the person could go. There could be a number of options for treatment including residential, intensive outpatient, weekly appointments, community groups or other options. Zima asked if they would take people with serious drug problems and Pritzl said they do. Pritzl said he knows the cost structure and revenue structure and noted that they are a regional facility.

**-Jail Re-Entry Services** - Pritzl said this position is included here but not in the budget for next year. Zima recalled we agreed that the workload for the one re-entry position is too much and we need another. Pritzl agreed with that but said he does not have anywhere in the budget to add the position.

**-Clinical Intake Services** – Pritzl informed there are more people going through the court process, detentions, commitments, hold open agreements or seeking services and this will probably increase further with additional outreach efforts. Currently there is one position handling this and that person answers the phone for mental health questions, getting functional screens on programs, commitments, court and more.

-Treatment Facilitation Specialist - The last option for 2018 is a treatment facilitation specialist. Schubert explained that our hospital has one of the highest readmission rates in the state and some of that may be because there are identified gaps in some services and we are not providing a full continuation of services like other counties do. This position would basically be making sure individuals that are discharged back into the community follow through with their medications and physician orders and recommended treatment. Gossage asked if this position would be coordinated with the jail liaison. Agar explained that right now there are patients that go to the psychiatric hospital and then are not under commitment so they are discharged with referrals and recommendations. With this position, those people would get follow up contact with someone who is medically trained and can check in with them and assist them with making follow up appointments and getting medications which should lead to a reduction of hospital readmissions. Schubert said the concept is similar to that of the jail liaison, but for hospital patients instead of people in the jail. Gossage said some the challenges of the jail liaison are to get participants to follow the plans when they are released from the jail. A discussion ensued regarding meeting the needs of both groups with one position. Judge Zuidmulder said we have done a good job at striking at areas, but now we have to step back and see what we have to do to make all of the positions work together. He does not want to add a positions if there is not some coordination with the other positions and he feels we need to be a little more thoughtful about what we have established in the last two years, what has been added this year and what we are doing to see that those people are all working together systemically so they are not duplicating efforts. Then we will be better able to identify where the needs are.

Pritzl said Judge Zuidmulder is on the right track and we need someone to coordinate all of the things we have put resources at. The crisis coordinator position he talked about earlier that is in the 2018 budget would be important in determining how all of the positions and parts are pulled together. Judge Zuidmulder feels we should step back, let the crisis coordinator get established and see what is going on and then come to this committee and talk about the gaps that are identified. Hoyer said this would then provide things we would want to consider for the 2019 budget or even later in 2018 if there are available funds. Weber said we already know we need another jail liaison and she feels it should be put in the budget right away. She also said the treatment facilitation specialist is something we have talked about for a long time and she thought some of the follow up was going to be handled through the day report center. Pritzl said the day report center is tied to the low and moderate risk offenders of the jail.

Zima said the 2018 options seem to be the bare minimum if we really want to show some improvement and questioned when all of these things could start. Weininger said not funding these things from the beginning of the year would create a structural deficit that would have to be funded. Pritzl said the bottom line number is more than \$1.15 million dollars. If we decide to go with the detoxification services we have to go through the RFP process so we would not have a full year of spending in 2018. There would be a risk of a structural deficit in 2019 if it is not fully funded for next year. Weininger added that the levy limits will be bumped up in 2019. If the theory is that people with substance abuse issues are going to emergency detention because there is no better option, if this exists we should see the emergency detention numbers go down. Pritzl said Madison has significantly less emergency detentions than Green Bay does. In theory, if this works as it is supposed to, we would not be spending as much on hospitalization because it would be being spent here instead, but he said there is a risk involved.

Judge Zuidmulder said part of the conversation is that this is a single piece of a large operation and as this piece impacts favorably to the larger operation, there are cost savings on the other part of the department so it should work out. Zima said that to present an amendment to the budget, the funds have to come from someplace else. Hoyer said that essentially this would be taking money out of residential treatment, leaving detox at the same amount because it will not do it for the full year, but we will try to implement the shift and then there would be space for the three positions. Zima said there is a \$328,000 difference. He said we can tweak this down a little, but the rest should fit into the overall budget.

Hoyer feels we should leave detox at \$300,000 but talk about how to shift it. If we ask for \$500,000 and do not get started until mid-year, we will have a gap again and that is what we are trying to avoid. Judge Zuidmulder feels we should adopt these options for 2018 as goals and leave it to Pritzl to see if he can fit them into his budget. Weininger said the 2018 budget would have to be amended and each item would have to be tied to a line item. For the 2018 options, Pritzl will either have to bring an amended budget to the Human Services Committee or he could send this to Committee and then the Committee can go into the budget and make the changes based on this committee's recommendations. Hoyer asked Pritzl what figure he would like to use for detox. Pritzl said he would

have to work on what would be an appropriate budget amendment because he has to determine what lines to reduce to make the increase.

**Motion made by Erik Hoyer, seconded by Judge Zuidmulder for the Health and Human Services Director to incorporate the 2018 options into the regular budget and make the appropriate amendment to the budget available to the Human Services Committee at their budget meeting. Vote taken. MOTION CARRIED UNANIMOUSLY**

2. **Update re: Long range mental health needs in Brown County including what could be funded by County Executive Streckenbach's proposed half-percent sales tax.**

*Conversation on this Item was incorporated in the discussion above.*

3. **Formally identify Committee members.**

*This Item was not discussed at this meeting.*

4. **Discussion, review and possible action: Request that Brown County review its past and present mental health services and develop a more comprehensive plan to treat both short and long term mental health patients including but not limited to 1) alcohol and drug abuse detox and treatment; and 2) children, adolescent and adult mental health treatment.**

*This Item was not discussed at this meeting.*

5. **Discussion, review and possible action: Request that the Human Services Director and Brown County Sheriff work together to develop a plan to provide a treatment plan for prisoners who presently make up a third of our jail population.**

*This Item was not discussed at this meeting.*

6. **Discussion re: Recertifying County operations to return to previous services providing long-term care.**

*This Item was not discussed at this meeting.*

7. **Update re: Outreach efforts.**

*This Item was not discussed at this meeting.*

8. **Such other matters as authorized by law.**

The next meeting will be held on Wednesday, October 18, 2017 at 12:00 pm.

9. **Adjourn.**

**Motion made by Dave Lasee, seconded by Sheriff Gossage to adjourn at 1:15 pm. Vote carried. MOTION CARRIED UNANIMOUSLY**

Respectfully submitted,

Therese Giannunzio  
Recording Secretary

# Mental Health Initiative Fund Options

October 3, 2017





# Projected 2017 Spending

	2017 Amended Budget	Expenditures YTD 8/31/2017	2017 Projected	Difference
Mobile Crisis	\$200,000	\$133,333	\$200,000	\$0
Detox Services	\$300,000	\$38,252	\$57,379	\$242,621
Residential Treatment	\$300,000	\$76,241	\$114,361	\$185,639
Day Report Center	\$350,000	\$231,765	\$347,647	\$2,353
Total	\$1,150,000	\$479,591	\$719,387	\$430,613



# Options for 2017

Item:	Purpose:	Estimated Cost:
Medication Assistance Treatment Program	Funding for Vivitrol Injections (\$5 co-pay or \$1100 if uninsured), monthly drug testing, and pregnancy testing as well as injectable medication for mental health needs. Use existing prescriber and staff.	\$68,000
Advertising on Buses	Advertising for mental health and substance use services on GB Metro buses.	\$6,000
Billboards	Billboard advertisements for mental health and substance use services.	\$10,000
Adjustment for Utilization	Increased utilization of residential and other services that is likely in the last part of 2017.	\$50,000
Additional Detox (LE Phillips)	Unknown Need; No adjustment needed--already detox service	\$28,800
Transportation Assistance	Rides to facilitate people going to safe places for intoxicated individuals or people in crisis.	\$4,000
Housing Assistance for Treatment Courts	Safe, stable housing support for people involved with treatment courts—early start on 2018 initiative.	\$20,000
Website Re-Design	Contract for re-design for department website to connect consumers to resources both internally and externally. This needs to have solid mobile design.	\$25,000
Design for Crisis Assessment Center	Move design fees for adding on to the CTC to 2017.	\$57,000
Higher Utilization of Inpatient Services	Inpatient stays at the CTC and other facilities was higher in the first part of the year creating a deficit.	\$150,000
Total		\$418,800



# Options for 2018

Item:	Purpose:	Estimated Cost:
Mobile Crisis	Existing service	\$200,000
Day Report Center	Existing Service	\$350,000
Residential Treatment	Contract with community providers in Brown County and surrounding areas for residential substance use treatment when indicated by assessment.	\$150,000
Detoxification Services	Contract for some medically managed services through local hospitals. Develop new resource for medically monitored services that are non-hospital based services for detoxification and treatment readiness.	\$500,000
Jail Re-Entry Services	Expand the re-entry program to allow for more contacts post-release. This would require adding a Clinical Social Worker position.	\$92,900
Clinical Intake Services	The number of people receiving services through commitments and hold open agreements has increased. In 2013 there were 194 people on commitments and hold open agreements. In 2016, this number had increased to 232, and is projected to be 240 in 2017.	\$92,900
Treatment Facilitation Specialist	Add a clinical social worker for discharge planning from inpatient services at the Community Treatment Center.	\$92,900
Total		<b>\$1,478,700*</b> <i>*Available budget is \$1,150,000</i>

